

Harford County Department of Parks and Recreation ACPR GYMNASTICS REC. COUNCIL

SPRING GYMNASTICS OFFERED FOR 15 MONTHS OLD TO KINDERGARTEN

CASH, CHECK, OR CREDIT accepted at the CHURCHVILLE REC. CENTER, Glenville building. REGISTER BY MAIL OR DROP OFF at the recreation center. Make checks payable to ACPR Gymnastics. Credit card payment available.

MAIL TO: ACPR Gymnastics P.O. Box 248 Churchville, MD 21028

For more information, call 410-638-3853 or email: corngym@comcast.net Check out our website at www.acprgymnastics.com



Monday Classes

1st Class will be held on MAY 1ST CLASS CANCELED ON MAY 29TH

| CLASS CANCELED ON WAT 28111 | | |
|-----------------------------|-----------|------------|
| <u>Tim</u> | <u>e_</u> | Class Name |
| 9:30 to 10: | 20 a.m. | LTM |
| 9:30 to 10: | 20 a.m. | GYM 2 |
| 10:30 to 11: | :15 a.m. | PnT2 |
| 10:30 to 11: | 20 a.m. | GYM I |
| 11:30 to 12: | :15 p.m. | PnT1 |
| 12:30 to 1: | 20 p.m. | GYM 1 |
| 1:30 to 2: | 20 p.m. | GYM 2 |
| 5:30 to 6: | :15 p.m. | PNT 2 |
| 6:30 to 7: | 20 p.m. | LTM |
| 7:30 to 8: | 20 p.m. | GYM 1 |
| | | |

Tuesday Classes

1st Class will be held on MAY 2ND

| <u>Time</u> | Class Name |
|---------------------|------------|
| 9:30 to 10:20 a.m. | GYM 1 |
| 9:30 to 10:15 a.m. | PNT 2 |
| 10:30 to 11:20 a.m. | LTM |
| 10:30 to 11:20 a.m. | GYM 2 |
| 11:30 to 12:20 p.m. | GYM I |
| 1:00 to 1:50 p.m. | GYM 3 |
| 5:30 to 6:15 p.m. | PnT1 |
| 6:30 to 7:20 p.m. | GYM 1 |
| 7:30 to 8:20 p.m. | GYM 2/3 |

Wednesday Classes

1st Class will be held on MAY 3RD

| <u>Time</u> | Class Name |
|---------------------|------------|
| 9:30 to 10:15 a.m. | PnT1 |
| 10:30 to 11:20 a.m. | GYM 3 |
| 11:30 to 12:15 p.m. | PnT2 |
| 12:30 to 1:20 p.m. | GYM 2 |
| 12:30 to 1:20 p.m. | LTM |
| 1:30 to 2:20 p.m. | GYM 1 |
| 2:30 to 3:20 p.m. | LTM |

Thursday Classes

1st Class will be held on MAY 4TH <u>Time</u> Class Name 9:30 to 10:20 a.m. GYM 2 10:30 to 11:20 a.m. GYM 1 11:30 to 12:20 p.m. LTM

Friday Classes

1st Class will be held on MAY 5TH

| <u>i ime</u> | <u>Class Name</u> |
|---------------------|-------------------|
| 9:30 to 10:20 a.m. | LTM |
| 10:30 to 11:20 a.m. | GYM 2 |
| 11:30 to 12:20 p.m. | GYM I |
| 12:30 to 1:20 p.m. | GYM 3 |
| 1:30 to 2:20 p.m. | LTM |

Saturday Classes

1st Class will be held on MAY 6TH

| 13t Oldos Will be field | OII IVII VI OIII |
|-------------------------|------------------|
| <u>Time</u> | Class Name |
| 10:30 to 11:15 a.m. | PNT2 |
| 11:30 to 12:20 p.m. | LTM |
| 12:30 to 1:20 p.m. | GYM I |
| 1:30 to 2:20 p.m. | GYM 2 |
| | |

Parent n Tot 1(PnT1) - ages 15 months to 24 months Parent n Tot 2(PnT2) - ages 24 months to 36 months

LTM (Learning thru Movement) - 2 1/2 (by 1st day) -3 1/2 year olds

GYM I - 3 1/2 to 4 1/2 year olds

GYM II - 4 1/2 to 5 year olds

GYM III - 4 1/2 to 5 year olds with previous gymnastics experience

All classes will be held at the Churchville Rec. Center and are on a first come basis contingent upon sufficient registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled.

No refunds or transfers of registration. No registration will be taken without payment. Credit card payment accepted by ACPR staff only.

FEE: \$65.00 FOR 6 WEEKS

2017 SPRING GYMNASTICS REGISTRATION

| DAY: TIME | Ε: | CLASS NAME: | | |
|--|----|-------------|--|--|
| CHILD'S NAME: | | PHONE #: | | |
| ADDRESS: | | ZIP: | | |
| DATE OF BIRTH: | | AGE: | | |
| PARENT'S NAME: | | | | |
| E-MAIL ADDRESS: | | | | |
| EMERGENCY NAME & PHONE #: | | | | |
| AMT. PD. CASH(exact amt.) CHECK# REG. DATE | | | | |
| CREDIT CARD # | | EXP. DATE | | |

RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/ scda. Further information on both can be found by calling 1-800-232-4636.

| Child's name | Parent's name | |
|--|---------------|--|
| Parent's signature | Date | |
| Any physical conditions or allergies that the instructor should be made aware of | | |